

in the English renderings ; some are obsolete and others frankly misleading. Had he had the services of some neurologist familiar with English teaching it would have been advantageous (incidentally, we find occasional errors of the same category in the French and Italian terms). For example, we rarely if ever use the term "scissure" for sulcus ; nor do we speak of the "fleece" of a structure when we mean its capsule. We never refer to the "ambiguous nucleus," or to the "medullary centre" of a cerebellar lobe. These blemishes, however, in no material way detract from the excellence of this atlas, which we welcome as an eminently practical addition to the neurologist's library.

S. A. K. W.

Le Syndrome Paralytique Unilateral Global des Nerfs Craniens. By

DR. RAYMOND GARCIN, Interne (Gold Medallist) of the Hospitals of Paris.

Paris : A. Legrand. 1927. Pp. 225. Price not stated.

MULTIPLE, unilateral, cranial nerve palsies are always of clinical interest, whether they result from a polyneuritis cranialis or from meningeal or neoplastic lesions implicating the base. In particular, sarcoma of the base, a not infrequent condition, is responsible for a clinical picture in which one or other cranial nerve syndrome occupies the foreground. Dr. Garcin's *These* is concerned with the analysis of a considerable number of such cases, some of which are personal while others are specially selected from the literature. The author distinguishes :—

- A syndrome of the sphenoidal fissure (2, 3, 4, 5 and 6) ;
- A syndrome of the cavernous sinus (outer wall) (3, 4, 5, and 6) ;
- A syndrome of the petrous-temporal (2, 3, 4, 5 and 6) ;
- A syndrome of the apex of the petrous (syndrome of Gradenigo), (5 and 6) ;
- A syndrome of the internal auditory meatus (7 and 8) ;
- A syndrome of the foramen lacerum posterius (9, 10 and 11) ;
- A syndrome of the jugular and anterior condylar foramina (9, 10, 11 and 12) ;
- A syndrome of the posterior retroparotid space (9, 10, 11, 12 and cervical sympathetic).

Taken as a whole, this thesis forms a useful contribution to the study of varieties of cranial nerve palsy occurring unilaterally, and is worthy of the ologist's attention.

Angina Pectoris : the Anatomy, Physiology, and Surgical Treatment

By WALTER B. COFFEY, M.D., F.A.C.S., P. K. BROWN, M.D., and J. D.

HUMBER, M.D. New Orleans : A. J. Dickerson. 1927. Pp. 393.

Price not stated.

THIS well printed and handsomely illustrated volume deals mainly with the surgical treatment of angina pectoris, twelve cases being reported in considerable detail. The procedure of the authors has been to cut the left superior

cardiac branch of the cervical sympathetic and the main chain below the superior cervical ganglion, and this has been followed with conspicuous success in some of the cases here recorded. Their theory is to the effect that angina is primarily due to spasm of the aorta and perhaps also of the coronaries, separately or simultaneously. The superior cardiac nerve exercises a constrictor function, since section of it prevents the spasm. A bilateral operation may be necessary in some instances. Since collaterals pass to the vagus at the level of the ganglion, it may be advisable to cut also the superior cardiac branch of that nerve.

The technique of the operation is described at great length and illustrated in a series of fine photographic plates. Other equally finely reproduced plates present a series of dissections of the sympathetic system and are of considerable value from the viewpoint of the pure anatomist.

Postencephalitic Respiratory Disorders.—By SMITH ELY JELLIFFE, M.D., Ph.D. (Nervous and Mental Disease Monograph Series, No. 45.) New York and Washington : Nervous and Mental Disease Publishing Company. 1927. Pp. 135. Price \$2.50.

AMONG the manifold sequelæ of encephalitis lethargica disorders of the respiratory apparatus form a small but a highly interesting group. A monograph devoted to their study should therefore be of considerable value, especially since the bibliography of the whole subject is now so enormous and so scattered.

The present volume affords an excellent resumé both of the history and of the clinical aspects of the respiratory disorders which have been noted to follow encephalitis. Two personal cases are fully reported. After a discussion of the somatic pathology the author goes on in the latter part of the book to present more completely than has hitherto been attempted the psychological problems afforded by his cases. A psychological explanation of the symptoms is offered, based apparently on the theory of regression. The author concludes by expressing his belief that a psychoanalytical method of approach offers the most hopeful prospects in treatment.